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How the Pandemic Led to Corruption at World Health Organization

Global health decision-making used to be dominated by community participation and human rights. But now, coercion, exclusion, impoverishment and big business rule global health policymaking.

By Brownstone Institute

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By David Bell

"Global Health" is confusing. A few short years ago community participation, disease burden, resource allocation and human rights dominated its decision-making processes.

Causes such as improving childhood nutrition, empowering minorities and protecting girls from enslavement and mutilation were acceptable battles to fight.

Here we are in 2022: Coercion, exclusion, impoverishment and big business are in, whilst highlighting those other areas is "free-dumb" or some subversive form of denialism.

Same people, same organizations, same funders — just a change of the tide.

As with any historic shift toward fascism and colonialism, it takes a considerable group effort to ignore reality to keep this tide moving — but humans, especially in hierarchical structures, have always been up to the task.

We still are.

The World Health Organization (WHO) and its staff are currently engaged in two overriding priorities that are excellent examples of humanity's proficiency at living such lies:

1. They are pushing the COVAX program to mass-vaccinate most of humanity, at an unprecedentedly high cost for any global health program, against a virus to which nearly all potential recipients are already immune.
2. They are working towards an expansion of their powers to manage infectious disease outbreaks, with the expressed intent of instituting the same measures used for the first time in the response to COVID-19, but more quickly and more often.

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These are strange priorities for public health professionals because these same staff of the WHO all know the following to be true:

About COVAX:

- Their COVAX slogan, "No one is safe until everyone is safe," is completely illogical for a vaccination program unless it is purely transmission-blocking, as it implies that those already vaccinated are not protected.
- The current vaccines against COVID-19 do not halt or greatly slow transmission, and require boosters to maintain efficacy against severe disease.
- COVID-19 is associated very strongly with old age, with mortality risk being several thousand-fold greater than in the young. Yet, more than half the people in sub-Saharan Africa – a major target of COVAX, are 19 years old or younger.
- Most people in sub-Saharan Africa and India (so probably everywhere) now have post-infection immunity, which is equal to or more effective than vaccine-induced immunity, and not significantly enhanced by subsequent vaccination.
- Vaccinating people in low- and middle-income countries with two doses, for a rapidly-waning benefit, would cost several times more than any other infectious disease program (up to 10 times the total spend on malaria).
- The human resources devoted to the largest vaccination program ever undertaken would further reduce healthcare access for other diseases whose burdens are currently increasing.

About lockdowns:

- Health is, by the WHO's own definition, a state of "physical, mental and social well-being, not merely the absence of disease and infirmity," meaning that harming mental and social health is a negative for overall health.
- The WHO noted that border closures, prolonged school closures, and quarantining of healthy people would be likely to do more harm than good in their 2019 pandemic influenza guidelines.
- It is standard public health knowledge that poorer people tend to die younger, and poorer countries have higher infant mortality and reduced overall life expectancy.

- The "lockdown" response to COVID-19, a disease with severity predominantly confined to old age, killed hundreds of thousands of children and will continue to do so due to increasing poverty, malnutrition and rising teenage pregnancy rates.
- The lockdown response also:
  - Is driving millions of girls into child marriage (which many in the humanitarian community would previously have characterized as institutionalized rape).
  - Is increasing child labor.
  - Interrupted over a billion children's schooling, leaving millions never to return.
  - Reduced routine childhood vaccination, to diseases that do heavily impact children.
  - Reduced case-finding and treatment access for tuberculosis and HIV/AIDS, leaving more infected people in the community untreated, to transmit to others and die.
  - Greatly increased inequality between a rich controlling few and a rapidly expanding disempowered poor, reversing years of poverty reduction.

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The whole humanitarian and global health world knows these facts. Even bankers can figure this out. The International Finance Facility considers that twice as many children died from lockdowns as died from COVID-19, while the Bank of International Settlements, key to international finance, recognizes that gross domestic product is a major determinant of long-term health.

Yet the WHO, as a public health body, acts as if unaware, even ignoring their standard age-dependent metrics for disease burden as they seek to justify policies that will increase child deaths to target a disease predominantly of the unwell elderly.

The WHO and other health organizations predicted lockdown harms, and have documented them since early 2020, whilst working to ensure they will happen more often.

In 2018, they reiterated support for a horizontal approach emphasizing community control and empowerment in the "Astana Declaration," whilst in 2022 they advocate for a vertical approach based on population control and mass coercive use of pharmaceuticals.

Human rights seem no longer a thing to be seen supporting, but the contradictions involved here are nothing short of remarkable.

We often see organizations as "beings" in themselves, but of course they are the sum of the individuals that staff them; humans who are making choices every day, every hour, about what

they are doing and what they should do next.

In this case, it appears the WHO's staff are comfortable with ensuring the people they were charged to support are increasingly impoverished and their rights and health autonomy removed.

They are not just resigned to the abandonment of basic public health principles and ethics, but actively working to undermine them.

Perhaps we would all do that to protect income, pensions, healthcare benefits and an attractive and genuinely interesting lifestyle of Swiss lakes, business-class travel and good hotels.

We cannot criticize people who perpetrate such harm without recognizing much of ourselves in them.

Pressure to conform is strong and maintaining integrity carries risks. We all have families, jobs and lifestyles to protect.

The belief of many that the "humanitarian" sector was somehow different should by now be shattered. That is a good thing, as illusions do not help us and we need to recognize the historical reality that preserving personal comfort has often entailed throwing others under the bus.

When the tide turns, the easiest approach is to turn with it. As a staff member of an international agency said to me recently — "the money is going into pandemic preparedness, you have to accept and go with it."

As an insight into humanity, this response is a disappointing one. We are always poorly served by cowardice.

But recognizing how things are, and that help is not coming from those paid to do so, will strengthen the resolve of the rest of humanity to move forward without them, taking the future into their own hands.

As, according to orthodox public health, they should.

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